

## **NOTICE**

The Child Support Recovery Unit is beginning action to establish support for the child(ren) named in the attached legal Notice. It is important that you read all of the attached documents very carefully to find out when and how you should respond to this legal action.

Failure to provide the requested information may result in a support obligation being set based on the information available and may not be based on actual income. If you have any questions, call the child support office listed below.

## **AVISO**

La Child Support Recovery Unit (Unidad de Recuperación de mantenimiento de niños) esta iniciando acción para establecer apoyo de dicho niño(s) cuyo nombre aparece en el Aviso Legal adjunto. Es importante que lean todo el documento adjunto con mucho cuidado para saber cuando y como se deberá responder a la acción legal.

Fallar en proporcionar la información pedida puede resultar en que una obligación de mantenimiento sea formulada basandose en la información disponible y puede no estar basada en el ingreso actual. Si se tienen preguntas al respecto, llamar la oficina de child support cuyos numeros de telefono y direccion aparecen a continuación.

## **THÔNG CÁO**

Đơn Vị Đòi Tiền Cấp Dưỡng Cho Con ( The Child Support Recovery Unit ) bắt đầu thừa kiện để xác minh cho việc cấp dưỡng cho con (các con) có tên trong bản Thông Cáo về luật pháp đính kèm. Rất là quan trọng rằng bạn đọc rất cẩn thận hết tất cả những tài liệu đính kèm để tìm ra khi nào và cách nào bạn phải trả lời về việc thừa kiện này.

Sự thiếu sót cung cấp tin tức đòi hỏi có thể đưa đến kết quả của sự bắt buộc cấp dưỡng dựa trên tin tức có thể có được và có thể không dựa trên căn bản tiền lương (lợi tức) có thật. Nếu bạn có bất cứ câu hỏi nào bạn hãy gọi văn phòng cấp dưỡng cho con liệt kê dưới đây.

Case Number:

**Notice of Support Debt - Chapter 252C**

**Child Support Recovery Unit  
Iowa Department of Human Services**

Responsible Parent/Obligor:  
Parent/Caretaker:  
Dependents:  
Date Prepared:

Docket No. \_\_\_\_\_

County:

CSC No.

It is important that you read this notice, as the Child Support Recovery Unit (Unit) is beginning action to establish a support obligation against you for the named dependents!

Iowa Code chapters 252C and 252E give the Unit the authority to establish child support and medical support obligations.<sup>1</sup> The Unit has personal jurisdiction over you.<sup>2</sup> Entry of a support order in Iowa will not violate 28 USC section 1738B.<sup>3</sup>

The Unit intends to establish a support order requiring you to provide support as follows:

- ☐ **Child Support** The Unit intends to create an order requiring you to pay ongoing monthly child support.
- ☐ **Accrued Support** The Unit intends to create an order requiring you to pay accrued support.
- ☐ **Medical Support** The Unit intends to create an order requiring you to provide medical support, according to Chapter 252E<sup>4</sup>.

The amount of the obligations will be set in accordance with the Child Support Guidelines under sections 598.21(4) and 252B.7A. Options available to the Unit for determining parents' income are explained in the REQUEST FOR FINANCIAL STATEMENT provided with this notice. Failure to provide information and verification of financial circumstances shall result in a judgment entered against you. The establishment of this support debt by the unit does not prohibit any caretaker or the Unit from seeking current, accrued, and/or medical support by any legal method, without showing a substantial change of circumstances. If an order for medical or current support is entered, you will also be responsible for a proportionate share of uncovered medical expenses.

- ☐ You may be required to attend a parenting class.<sup>5</sup>

**Contesting this Notice** If you wish to discuss or contest this action, you may ask for a conference with the Unit listed below. You may ask for a court hearing even if you do not ask for a conference.

If you do not ask for a conference or a court hearing within the time limits discussed below, a support order will be established. Before the entry of this order, the Unit will provide to you in person, or by mail<sup>6</sup>, a worksheet showing how the amount of support was calculated.

**Your Rights and Responsibilities** To ask for a conference to discuss or contest the provisions of this notice, contact the Unit *within 10 days* of service of this notice.

The conference is an informal meeting in which you may ask questions and present information about your income. Bring a completed financial statement and proof of income to the conference. Bring information about any group or employment-related health benefit plans available to you.

Upon receiving your request, the Unit will notify you of the date, time, and location of the conference. After the conference, you will be provided with a new written notice showing the results of the conference. A second notice, called the Second Notice of Support Debt and Finding of Financial Responsibility<sup>7</sup>, will be issued if any changes have occurred. You also may ask for a court hearing. You may ask for a court hearing if you do not request a conference, or if you are dissatisfied with the results of the conference as stated on the Second Notice of Support Debt and Finding of Financial Responsibility. If you wish to **ask for a court hearing, send a written request to the Unit**. Upon receipt of a written request, the Unit will schedule a hearing. If you ask for a court hearing, you may also state in writing any objections you have to this support debt.

You must ask for a court hearing by the latest of the following dates:

- **Within 30 days** from the date of service of this notice.
- **Within 10 days** from the date of the conference.
- **Within 30 days** from the date of issuance of the Second Notice of Support Debt and Finding of Financial Responsibility.

**If a request for a court hearing is not received within these time limits, the Unit will establish an order as stated in this notice.** If an order is established, your property will be subject to collection action including, but not limited to, income withholding, garnishment, attachment of a lien, execution of a lien, income tax setoff, levy of accounts at financial institutions and any other collection action allowed by law. It is your responsibility to notify the Child Support Recovery Unit of any change in your address, employment or medical coverage.

If you have any questions, visit or telephone your local Child Support Recovery Unit or talk to an attorney.

**Waiver of Rights** You may waive your rights and the time limits allowed to request a conference and court hearing. If you wish to waive these rights, contact the Unit. Your signature on the order will acknowledge that you were served with this notice and have waived your rights and time limits for requesting a conference and court hearing.

---

Child Support Recovery Unit

Phone:

Copy to:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

<sup>1</sup> The authority is further defined in 28 USC 1738B, chapter 252K, if applicable and 441 IAC 95,98,99.

☐ because notice of this child support action was personally served on the Respondent in Iowa.

<sup>2</sup> ☐ because you lived in Iowa

☐ because you lived in Iowa with the child(ren) from approximately \_\_\_\_\_ through \_\_\_\_\_.

☐ because you lived in Iowa from approximately \_\_\_\_\_ through \_\_\_\_\_, and provided prenatal expenses or support for the child(ren).

☐ because you caused the child(ren) to live in Iowa through the following action(s): \_\_\_\_\_

☐ because you had sexual intercourse in Iowa with the other parent which may have resulted in the conception of the following child(ren):

*Child's Name*

*Time Period of Possible Conception*

_____	_____ through _____
_____	_____ through _____
_____	_____ through _____
_____	_____ through _____
_____	_____ through _____

☐ because you claimed to be the other parent either through the declaration of paternity registry maintained by the Iowa Department of Public Health according to section 144.12A, or by completing a paternity affidavit according to section 252A.3A.

☐ Because you have enough minimum contacts with the State of Iowa which are:

<sup>3</sup> ☐ The Unit is not aware of any separate action for dissolution of marriage or child support affecting you and the child(ren) named herein, which has started or which is pending in Iowa or another state.

☐ A separate action for dissolution of marriage or child support involving the Respondent and the same child(ren) has begun and the action is pending under Docket # \_\_\_\_\_ in the State of \_\_\_\_\_, \_\_\_\_\_ County. The Unit may continue, however, because this action complies with 28 USC section 1738B or chapter 252K.

☐ The Unit knows of the following support order(s) involving the Respondent as obligor and the named child(ren):

<u>State</u>	<u>County</u>	<u>Docket Number</u>

28 USC section 1738B and Iowa Code 252K prohibit the entry of a new support order that would run during the same time period as an existing order for support from another state.

☐ However, no individual contestant to the orders or the child(ren) currently live in any of the states that issued a support order. When this happens, a tribunal with jurisdiction must enter a new support order according to section 252K.207.

☐ However, any order listed above is for current support which has been either suspended or terminated, and/or is for past support for a different time period than the support obligation established in this action. There may be arrears under the existing orders listed above, but they are not at issue in this action.

☐ Neither the Respondent nor the caretaker has disclosed, and the Unit is unaware of, any existing child support orders involving the Respondent as obligor and the named child(ren).

---

<sup>4</sup> You will be required to obtain an employment-related or other group health benefit plan for the dependent(s) if it is available to you when the order is entered or becomes available later. You may be required to provide some alternative or additional medical support, including a health benefit plan other than through an employer or other group, or a dollar amount for medical support.

<sup>5</sup> This class must be approved by the Department of Human Services. Failure to provide proof of attendance to the Unit within 90 days of the entry of the order may result in modification of the support amount. Upon request of the Unit, you may be required to provide proof of continued compliance with this requirement.

<sup>6</sup> sent to the last known address for you recorded by the Unit.

<sup>7</sup> It will be given to you in person, or sent by regular mail to your last known address or the last known address of your attorney.